



EduSports Inc.



Scholar's Name _____ Age _____ DOB ____/____/____

Name of School _____ Grade _____

Home Address _____

Phone # _____ Email _____

Process Fee & First Payment

\$25 Process Fee is due **June 10th** . New Scholar pays \$540 and Returning Scholars will pay \$480 on / by **June 20th**—

| Registration | First Payment | Session 1 | Session 2 | Session 3 | Session 4 | Session 5 | Session 6 | Session 7 |
|--------------|---------------|-----------|-----------|-------------|-----------|-----------|-------------|-----------|
| June 10 | June 20 | 6/27-7/01 | 7/05-7/8 | 7/11-7/15 | 7/18-7/22 | 7/25-7/29 | 8/1-8/5 | 8/8-8/12 |
| \$25 | \$480/\$540 | | | \$480/\$540 | | | \$320/\$360 | |

Scholars must attend at least 5 Sessions

Extended days -

- 7:30 am-8:15 am **\$5.00 per child**
- 4:45 pm-5:30 pm **\$5.00 per child**

Picture Release:

I authorize EduSports Inc. to record and edit my child's name, image, voice, performance, interview and any materials provided by me. **EduSports Inc.** shall own all rights, title, and interest in and to the recordings and the Production. I have the right to enter into this agreement, and the rights I have granted hereunder will not conflict with or violate any commitment or understanding I have to or with, nor infringe upon any rights of, any person or entity. Yes No

Immunization Form & Report Card

Please attach your child's Immunization form and report card

Signature of Parent: _____ Date: _____

Empowering our Youth Through Academics and Sports

P.O. BOX 260710 | Boston, MA 02126 | Tel: 1.617.433.7036 | www.edusportsites.org



EduSports Inc.



Emergency Release Form

Mother/Guardian Name _____

Home Address _____

City _____ **State** _____ **Zip** _____

Home Phone # _____ **Cellular Phone #** _____

Work Phone _____ **E-Mail** _____

Father/Guardian Name _____

Home Address _____

City _____ **State** _____ **Zip** _____

Home Phone # _____ **Cellular Phone #** _____

Work Phone # _____ **E-Mail** _____

Other Person (other than Parent) _____

Relation _____ **Cellular Phone #** _____

Home Address _____

City _____ **State** _____ **Zip** _____

Home Phone # _____ **Work Phone #** _____

Do you carry medical/hospital insurance? Yes No

If yes, name of carrier: _____

Name of physician _____

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Address _____

City _____ State _____ Zip _____

Phone # _____

List any neurological problems and/or disabilities:

List any chronic or recurring medical conditions:

List any dietary restrictions:

List any medication currently being taken by camper for any condition:

Medical Emergency Agreement:

In case of a medical emergency involving my child, I understand that every effort will be made to contact me or other parent/guardian/alternate person. In the event I or they cannot be reached, I hereby give permission to the physician selected by the camp to hospitalize, to secure proper treatment for, and to order injection, anesthesia, surgery or other medical procedure necessary for my child.

Signature of Parent: _____ Date: _____

*****PLEASE DO NOT FORGET TO INCLUDE YOUR CHILD'S IMMUNIZATION RECORD/FORM.*****

WAIVER RELEASE



EduSports Inc.



I HEREBY GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN ALL ACTIVITIES AND ATTEND ALL FIELD TRIPS SPONSORED BY THE EDUSPORTS INC. SUMMER ENRICHMENT CAMP. IN CONSIDERATION OF THE DIVISION'S ACCEPTING MY CHILD INTO THIS PROGRAM, I AGREE TO WAIVE AND FOREVER DISCHARGE EDUSPORTS INC, ITS EMPLOYEES AND AGENTS HARMLESS OF & FROM ANY INJURIES SUSTAINED BY M CHILD WHICH OCCURS WHILE ENROUTE TO OR FROM OR PARTICIPATING IN ANY ACTIVITY SPONSORED BY THE AFOREMENTIONED PARTIES.

SIGNATURE OF PARENT OR GUARDIAN

DATE

SIGN OUT RELEASE

IN THE EVENT, I AM UNABLE TO PICK UP MY CHILD, I AGREE TO CALL THE SCHOOL AND INFORM THE PROGRAM COORDINATOR/COUNSELOR WITH THE NAME OF THE INDIVIDUAL I AUTHORIZE TO PICK UP MY CHILD. I AGREE TO PROVIDE EDUSPORTS INC. WITH THE NAMES OF THE INDIVIDUALS I AUTHORIZE TO PICK UP MY CHILD WHEN I AM UNABLE TO DO SO MYSELF. I REALIZE IT IS MY RESPONSIBILITY TO KEEP THIS LIST UPDATED AND ACCURATE.

SIGNATURE OF PARENT OR GUARDIAN

DATE

AUTHORIZED PERSONS FOR PICK-UP

NAME

1. _____
2. _____
3. _____

PHONE NUMBER

1. () _____
2. () _____
3. () _____

CHILD'S WALK/RIDE BIKE /SIGN-OUT PERMISSION RELEASE

I GIVE MY CHILD PERMISSION TO WALK AND/OR RIDE HIS/HER BIKE TO AND FROM THE CAMP SITE AND PERMISSION TO SIGN HIM/HER SELF IN AND OUT OF CAMP EACH DAY.

SIGNATURE OF MOTHER OR GUARDIAN

DATE

SIGNATURE OF FATHER OR GUARDIAN

DATE